OCT 5 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36022

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. St. Lukes Hospital St. ..... Ward) File No. ..... Registered No. 9647

2. FULL NAME MR. FRED WILLIAM WISSMANN SR?

(a) Residence, No. 5068 Emerson St. Emerson Ward. 7 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 55 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF)~~ Gertrude Wissmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 27th 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	6	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER

13. NAME Rred Wm Wissmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

MOTHER

15. MAIDEN NAME Caroline Peters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Gertrude Wissmann 5068 Emerson Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem DATE 9/23/36 19

19. UNDERTAKER (ADDRESS) Hy Leidner Und Co 1417 N. Market St

20. FILED SEP 22 1936 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-20-, 1936

22. I HEREBY CERTIFY, That I attended deceased from May 9-, 1936 to Sept. 20, 1936
I last saw him alive on 9-20-36, 19 Death is said to have occurred on the date stated above, at 6 55 p.m.
The principal cause of death and related causes of importance were as follows:

Diffuse malignant myomatosis — Date of onset ?
Primary seat unknown

Other contributory causes of importance: 538

Name of operation Laparotomy Date of May '36
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R. E. Crigler, M. D.
(Address) St. Lukes Hospital

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. 2 NO. 2 100M-11-24-33